State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street West
Charleston, WV 25313

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

September 27, 2006

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_____

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 13, 2006. Your hearing request was based on the Department of Health and Human Resources' action to deny a request for Incontinent Supplies.

In arriving at a decision, the State Hearings Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Eligibility for the Medicaid Program is based on current policy and regulations. Some of these regulations state as follows:

> The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment. Prior authorization should be requested sufficiently in advance (e.g., 10 days) so the decision can be reached and mailed to the provider before treatment is rendered. Approval of the request is based on medical necessity and appropriateness of treatment, and may specify the amount to be paid. The approval does not guarantee the patient's Medicaid eligibility for the authorized time period for the provision of service. (West Virginia Provider Manual Chapter 320.3 OBTAIN PRIOR AUTHORIZATION).

The information submitted at your hearing revealed: The Provider did not provide documentation needed to determine your eligibility.

It is the decision of the State Hearings Officer to UPHOLD the ACTION of the Department to deny the request for incontinent supplies.

Sincerely,

Ray B. Woods, Jr., M.L.S.
State Hearing Officer
Member, State Board of Review

cc: State Board of Review; Patricia A. Woods, RN – B. M. S.; Susan Beard, Case Manager – CWVAS, Inc.; Oretta Keeney, RN, WVMI

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW

_____,

Claimant,

v. **Action Number: 06-BOR-2539**

West Virginia Department of Health and Human Resources,

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on September 27, 2006 for Ms. _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on September 13, 2006 on a timely appeal filed June 22, 2006.

The Claimant did not attend the hearing. She was represented by the Case Management Agency and Homemaker RN.

II. PROGRAM PURPOSE:

The Program entitled Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

[redacted] Case Manager – [redacted]

[redacted] Homemaker RN – [redacted]
[redacted] Homemaker – [redacted]
Tina Green RN – West Virginia Medical Institute (WVMI)
Traci Gillispie, RN – West Virginia Medical Institute (WVMI)
Patricia A. Woods, RN Director of the Office of Professional Health Services - Bureau for Medical Services (B. M. S.)
Nora McQuain, RN – Bureau for Medical Services (B. M. S.)(Observing)

Presiding at the Hearing was, Ray B. Woods, Jr., M.L.S., State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is: Did the Provider submit the necessary documentation to determine eligibility for incontinent supplies?

V. APPLICABLE POLICY:

West Virginia Provider Manual Chapter 320.3 OBTAIN PRIOR AUTHORIZATION

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:
D-1 WVMI Medicaid DME/Medical Supplies Authorization Request Form dated 05/02/06
D-2 WVMI DME Report – Final Denial dated 05/19/06
D-3 Notice of Initial Denial – DME Review dated 05/30/06
D-4 Adult/Pediatric Incontinence Guidelines

Claimants' Exhibits:
None

VII. FINDINGS OF FACT:

1) The Claimant is an active Aged/Disabled Waiver Medicaid case.

2) The Claimant's physician completed a WVMI Medicaid DME (Durable Medical Equipment)/Medical Supplies Authorization Request Form on May 2, 2006. The diagnoses were listed as Incontinence; Obesity; and CAD. The form was faxed to the WVMI (Exhibit D-1).

3) The WVMI denied the request on May 5, 2006. They requested additional documentation from the Provider by May 12, 2006, or the case would be closed and denied for lack of information (Exhibit D-2). The requested information was a denial statement from the Claimant's secondary insurance regarding the supplies; and additional information regarding the etiology of the incontinence.

4) The documentation was not received and the WVMI denied the request on May 19, 2006 (Exhibit D-2).

5) WVMI issued a Notice of Initial Denial – DME Review on May 30, 2006 (Exhibit D-3). The Notice stated in part:

After review of the information provided, it was determined that the requested services do not meet medical necessity and therefore, cannot be authorized. This is in reference to your request for disposable undergarments and underpants. The documentation provided did not contain an approvable diagnosis from the criteria established by WV Medicaid explaining the cause of the incontinence.

6) West Virginia Provider Manual Chapter 320.3 OBTAIN PRIOR AUTHORIZATION:

Various in-state and out-of-state services (for example, but not limited to, hospital inpatient care, nursing facility services, etc.) covered by the WV Medicaid Program must be approved in advance before payment can be made. Pre-service review and prior authorization may be required to initiate treatment or extend treatment beyond the amount, scope, or duration that is routinely allowed or was originally approved.

It is the responsibility of the provider of the service to secure prior approval before rendering the service. In addition, WV Medicaid does not guarantee reimbursement based solely on the issuance of a Prior Authorization number. Eligibility on the date of service, as well as claim submission information and documentation, is also considered in the claim adjudication process.

Several entities are responsible for performing medical necessity reviews, depending mainly on the service to be provided and the place of service. Information about the authorizing entity, and policies and procedures for obtaining prior authorization for particular types of services, is identified in Chapter 500.

Requests for prior authorization may be mailed or faxed. With the exception of a pharmacy, requests must be made on the provider's letterhead or the prescribed form. The request must include at least the following information:

- Provider name
- Provider identification number
- Member name and address
- Member WV Medicaid ID number
- Member diagnoses codes and prognosis
- Prescribed treatment, including applicable procedure codes
- Date treatment to begin and items to be furnished
- Duration of treatment
- Other information needed to make a determination.

The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment. Prior authorization should be requested sufficiently in advance (e.g., 10 days) so the decision can be reached and mailed to the provider before treatment is rendered. Approval of the request is based on medical

necessity and appropriateness of treatment, and may specify the amount to be paid. The approval does not guarantee the patient's Medicaid eligibility for the authorized time period for the provision of service.

When prior authorization is obtained prior to receipt of documentation, payment will only be made subsequent to receipt of all required documentation by WV Medical Institute.

VIII. CONCLUSIONS OF LAW:

1) West Virginia Provider Manual Chapter 320.3 OBTAIN PRIOR AUTHORIZATION states in part:

The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment. Prior authorization should be requested sufficiently in advance (e.g., 10 days) so the decision can be reached and mailed to the provider before treatment is rendered. Approval of the request is based on medical necessity and appropriateness of treatment, and may specify the amount to be paid. The approval does not guarantee the patient's Medicaid eligibility for the authorized time period for the provision of service.

2) The Provider failed to submit documentation to determine the Claimant's eligibility for incontinent supplies.

IX. DECISION:

It is the decision of this State Hearing Officer to UPHOLD the Action taken by the Department in this particular matter.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 27th Day of September, 2006.

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Ray B. Woods, Jr., M.L.S.
State Hearing Officer